

Plumbing Affidavit
Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

Initial Affidavit Certificate Fee: \$100.00

Authority: 2002 PA 733 Completion: Mandatory Penalty: Permit will not be issued	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Note:

- The acceptance of this form by the state plumbing board does not qualify for the issuance of a plumbing contractor's license.
- An affidavit must be submitted to the department annually.
- In those instances where business or industrial procedure requires the regular employment of a full-time licensed master plumber, a licensed master plumber shall be authorized to secure permits for installations of plumbing on the premises owned or occupied and used by the business provided the licensed master plumber supervises the plumbing work and represents the business or industrial employer.

Employer's Statement		AFFIDAVIT CERTIFICATE NUMBER - OFFICE USE ONLY	
NAME OF COMPANY		NAME OF COMPANY OFFICER (Printed)	
BUSINESS ADDRESS		COUNTY	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
<p>It is understood that the employer and the licensed master plumber are responsible for exercising the supervision and control of the plumbing operations necessary to secure full compliance with the act and all other laws and rules related to the installation of plumbing in this state. Notice of termination of employment of the master plumber listed below will be given promptly to the Department and plumbing installation will be discontinued until a master plumber is employed and a new affidavit form if filed.</p> <p>I have read the foregoing and certify that this company will comply with the above statements.</p>			
OFFICER'S SIGNATURE		DATE	

Licensed Master Plumber's Statement		TELEPHONE NUMBER (Include Area Code)	
NAME OF MASTER PLUMBER			
HOME ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
CURRENT LICENSE NUMBER		DATE ISSUED	
<p>I understand that plumbing installation on the premises of my above employer shall conform to the act, rules and the Michigan Plumbing Code.</p> <p>I am presently employed as a full time licensed plumber by the company listed above.</p>			
LICENSED MASTER PLUMBER'S SIGNATURE		DATE	

FOR OFFICE USE ONLY
Batch No. 4 _____ 120
Keypunch Date ____/____/____